

### **Program Description:**

The Illinois Department of Public Health (IDPH) Engagement Plan identifies strategies for increasing coordination in HIV care, treatment, and prevention programs across the state, jurisdiction, and localities to strengthen and enhance the relationships among governments and communities and ultimately, to reduce rates of new HIV infection. The plan recommends bringing people with HIV, community stakeholders, and service providers together for collaboration and coordination in program planning, delivery, evaluation, and assessment; and to identify and address gaps, deficiencies, and barriers to accessing HIV care, treatment, and prevention services.

### **Program Goals:**

The overarching goal of the engagement plan is to:

**Achieve a more coordinated response to HIV by engaging key community stakeholders and leaders and increasing collaboration and coordination among HIV programs.**

This goal aligns with one of the goals of the Illinois AIDS Strategy.

Five additional, more specific goals have been developed and include:

**Goal 1: Increase community stakeholders' awareness and understanding of HIV care, treatment, housing, and prevention programs.**

**Goal 2: Identify opportunities for collaboration and coordination across all HIV programs - statewide and local.**

**Goal 3: Increase access and linkage to HIV services, including housing opportunities where available and as needed.**

**Goal 4: Mitigate the impact of stigma and discrimination on HIV care, treatment, and prevention.**

**Goal 5: Increase stakeholder knowledge of the risk/race/ethnicity populations which comprise the largest proportions of recent HIV infections, recent late HIV diagnoses, and recent diagnosed cases unengaged in HIV treatment.**

### **Key Stakeholders:**

#### **Key stakeholders will include:**

- Networks of HIV positive people and their sex and/or needle sharing partners
- Networks of and organizations serving men who have sex with men, including gay and bisexually active men, LGBT service, social and faith organization representatives, Gay bar managers, LGBT youth support organizations, and others
- Networks of and organizations serving highest risk heterosexual subpopulations including HIV sero-discordant couples, STD Clinic providers, outreach projects serving sex workers, and other likely high risk heterosexuals in impoverished, high HIV incidence communities, projects serving transgender MTF who have sex with males
- Networks of and organizations serving injection drug users including current and recovering injection drug users, harm reduction staff, methadone clinic staff, recovery house members, and others
- Networks of marginalized groups (substance users, sex workers, current/former incarcerated/detained persons, and advocates.
- Networks of groups with language and cultural barriers including immigrants from high HIV incidence countries
- HIV positive pregnant women or mothers and providers working to prevention perinatal HIV transmission
- HIV prevention, care, and treatment *planners*, including governmental and non-governmental agencies and planning/advisory groups
- HIV prevention, care, and treatment *providers*, including mental health program leaders
- STD/hepatitis prevention, disease intervention, and clinical program leaders
- Community and youth leaders; women's health/reproductive health/transgender health advocates and program leaders
- Legislators and decision makers
- Governmental and non-governmental program leaders implementing health care reform, including patient-centered medical homes
- Affordable and specialized housing advocates, policy makers, and program leaders

### **Engagement and Retention Strategies:**

Specific, measurable, achievable, realistic, and time-measured objectives and key strategies/activities needed to accomplish the objectives have been developed to engage new and previous partners, maintain current partner relationships, and retain those partners in the HIV prevention, care, and treatment coordination and collaboration processes. The IDPH Illinois HIV Planning Group (ILHPG)

Coordinator will set up and maintain two-way communication with all identified key stakeholders and participants in engagement activities as well as maintain a record of documents, reports, and notes developed throughout all engagement activities. This documentation record will not only provide key stakeholders with easy access to information for program coordination and decision-making but will uphold the continuity of the process should staff roles change. The record will also enhance retention of new and previous partners through the sharing of information and the transparency of the engagement process.

**Guiding Principles for Engagement will be based on the following factors:**

- Mutual respect and understanding
- Engagement and participation will be beneficial and of interest to all
- Communication will be open and involve balanced and objective information-sharing and discussion as well as solicitation of feedback that will promote understanding of the issues, coordination across programs, and informed decision-making

The following implementation plan identifies the activities that have been prioritized to occur in 2016. Progress will be monitored regularly by IDPH's ILHPG Coordinator utilizing the evaluation indicators identified for each activity. A feedback loop has been established to ensure stakeholders who participate in the engagement plan activities are provided with follow up information, reports and documents.

**Overall Program Goal: Achieve a more coordinated response to HIV by engaging key community stakeholders and increase collaboration and coordination among HIV programs.**

Goal 1: Increase community stakeholders' awareness and understanding of HIV care, treatment, housing, and prevention programs

Goal 2: Identify opportunities for collaboration and coordination across all HIV programs - statewide and local

Goal 3: Increase access and linkage to HIV services, including housing opportunities where available and as needed

Goal 4: Mitigate the impact of stigma and discrimination on HIV care, treatment and prevention

Goal 5: Increase stakeholder knowledge of the risk/race/ethnicity populations which comprise the largest proportions of recent HIV infections, recent late HIV diagnoses, and recent diagnosed cases unengaged in HIV treatment

**Objective 1:** Enhance ability of membership to effectively participate in the HIV planning process

2014 Key Strategies and Activities (S/A)	Target Group	Lead Role	Timeline				Evaluation Indicator(s)
			Q1	Q2	Q3	Q4	
S/A1. In January and February 2016, before the February 2016 ILHPG meeting, provide "Understanding Basic HIV Epidemiology" webinar training to enhance capacity of all membership to understand basic concepts of HIV epidemiology. <u>Voting members and non-voting liaisons are strongly encouraged to complete the training that will count toward attendance requirements of voting members.</u> The training materials will be available to everyone on the <a href="http://www.ilhpg.org">www.ilhpg.org</a> website.	ILHPG membership; community stakeholders	ILHPG Epi/NA Committee	x				Training conducted; training attendance log
S/A2. By In January and February 2016, before the February 2016 ILHPG meeting, provide "Using Data for Prevention Planning" webinar training to enhance capacity of membership to understand basic analyses of HIV data and uses of data for prevention planning, including epidemiological, service delivery, and social determinant data. <u>Voting members and non-voting liaisons are strongly encouraged to complete the training that will count toward attendance requirements for voting members.</u> The training materials will be available to everyone on the <a href="http://www.ilhpg.org">www.ilhpg.org</a> website.	ILHPG membership; community stakeholders	ILHPG Epi/NA Committee	x				Training conducted; training attendance log

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<b>Objective 2:</b> Identify any community service assessment activities that are needed in 2016 to assist in assessing the priority populations in Illinois, exploring the epidemic, social determinant factors, needs, and gaps in prevention, care, and treatment services.							
S/A3. At the November 2015 strategic planning meeting, in conjunction with the HIV Section, provide input and make formal recommendations and requests for epidemiological and service delivery data collection and gap analyses that will be conducted still in 2015 and in 2016 for priority setting and 2017-2021 Integrated HIV Care/Prevention Plan development.	ILHPG; HIV Section	ILHPG Epi/NA Committee	x	x	x	x	Recommendations made for priority setting and integrated plan development needs
S/A4. At the November 2015 strategic planning meeting, in conjunction with the Executive Committee and the HIV Section, provide input and make recommendations for conduct, data collection, and analyses for any community engagement and needs assessment activities (newsletters, town hall meetings, focus groups, surveys, etc.) needing to be conducted in 2016 for obtaining input into the 2017-2021 Integrated HIV Care/Prevention Plan.	ILHPG; HIV Section	ILHPG Epi/NA Committee	x	x	x	x	Recommendations made for needs assessment analyses; ILHPG Executive Committee Meeting minutes
<b>Objective 3:</b> Review and update current jurisdictional HIV prevention, care, and treatment resources							
S/A5. By Feb. 2016, provide input to the HIV Section on items to include in updated resource inventory assessment of resources available to meet HIV prevention, care, and treatment needs in Illinois. The inventory should include IDPH's GRF-funded, CDC, and HRSA indirect and direct-funded HIV prevention, care, and treatment resources in the jurisdiction; Centers for Minority Health Services HIV prevention funded grants; Quality of Life funded grants; IL Department of Alcohol and Substance Abuse (DASA) funded agencies; Ryan White Part A-F grantees, including SPNS and AETC; CDC Direct-funded Prevention and surveillance programs; HUD; HOPWA; Medicaid; Bureau of Primary Health Care; Federal Office of Rural Health; Office of Women's Health; Office for Minority Health; and Administration for Children and Families. The inventory should identify agencies, region, services delivered, target populations, funding amounts, and HIV Care Continuum steps affected. The inventory should include a table on IL HIV Workforce Capacity.	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	HIV Section; ILHPG Epi/NA Committee	x	x			Updated resource inventory/assessment

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<u>HIV Section staff will provide this updated resource list to the Integrated Planning Group at the May 2016 mtg.</u>							
<b>Objective 4:</b> Review and analyze jurisdictional HIV service delivery data and make recommendations to IDPH for updating the HIV Jurisdiction Prevention Plan, as needed, and development of the 2017-2021 Integrated HIV Care/Prevention Plan.							
S/A6. Between Nov. 2015 and March 2016, provide input and assist the HIV Section with review/analyses of 2015 IDPH funded, Chicago EMA and St. Louis TGA, and other CDC-direct-funded prevention service delivery data in the jurisdiction, focusing on analyses of sero-positivity rates and identification of relevant health disparities and inequities. <u>Data requests should be submitted to the Epi/Needs Assessment Committee and IDPH Prevention Unit by January 31, 2016. The draft and final presentation should be vetted within the Epi/NA Committee for review/input/edit by its March 2016 conference call. If possible, the presentation should include geo-mapping of jurisdictional incidence data and priority population data compared to CTR and HERR funded service data as well as any relevant recommendations from the Committee to the HIV Section for updating the Jurisdictional Plan and development of the 2017-2021 Integrated HIV Care/Prevention Plan. HIV Section Evaluation and/or Prevention staff will provide this presentation at the May 2016 Integrated meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV Section Prevention and Evaluation Units	x	x			2015 HIV service delivery presentation completed
S/A7. Between Nov 2015 and March 2016, provide input and assist the HIV Section with review and analyses of CY2015 IDPH funded, Chicago EMA and St. Louis TGA funded, and other HRSA direct-funded HIV care service delivery data in the jurisdiction, focusing on analyses of health outcomes and identification of any HIV-related health disparities and inequities. <u>Data requests should be submitted to the Direct Service Unit by January 31, 2016. This presentation should be vetted within the Epi/NA Committee for review/input/edit by its March 2016 conference call. If possible the final presentation should include geo-mapping of jurisdictional prevalence data compared to funded care services data as well as any</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV Section Direct Services Unit	x	x			2015 HIV service delivery presentation completed

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relevant recommendations from the Committee to the HIV Section for the 2017-2021 Integrated HIV Care/Prevention Plan. <u>HIV Section Ryan White Program staff will provide this presentation at the May 2016 Integrated Planning Meeting.</u>							
S/A7. Between Nov 2015 and March 2016, provide input and assist the HIV Section with review and analyses of CY2015 IDPH funded, Chicago EMA and St. Louis TGA funded, and other HUD and HOPWA directly-funded HIV housing services delivery data in the jurisdiction, focusing on analyses of health outcomes and identification of any HIV-related health disparities and inequities. <u>Data requests should be submitted to the Direct Service Unit by January 31, 2016. This presentation should be vetted within the Epi/NA Committee for review/input/edit by its March 2016 conference call.</u> If possible the final presentation should include geo-mapping of jurisdictional prevalence data compared to funded housing services data as well as any relevant recommendations from the Committee to the HIV Section for the 2017-2021 Integrated HIV Care/Prevention Plan. <u>HIV Section Ryan White Program staff will provide this presentation at the May 2016 Integrated Planning Meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV Section Direct Services Unit	x	x			2015 HIV service delivery presentation completed
<b>Objective 5:</b> Review and analyze current Illinois HIV epidemiologic profile data and make recommendations to the IDPH HIV Section for 2016 updates to the HIV jurisdictional plan, as needed, and development of the 2017-2021 Integrated HIV Care/Prevention Plan.							
S/A8. Between November 2015 and March 2016, provide input and collaborate with the HIV and STD Section Surveillance Units to review, analyze, present, and facilitate discussion with the ILHPG on the current HIV and STD epidemiologic profile in Illinois (incidence, prevalence, late diagnoses) cross-tabulated by race/ethnicity, risk, age, and gender. The analyses and discussion should focus on strategizing and making recommendations re: 1). areas and populations hardest hit by HIV/AIDS and prioritized for services in Illinois, and 2). identification of any HIV-related health disparities and inequities, focusing on the jurisdiction outside the city of Chicago. <u>Data requests should be submitted to the Surveillance Unit by no later than</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents	ILHPG Epi/NA Committee; HIV Section Surveillance Unit	x	x			HIV Epi profile presentation completed

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November 30, 2015. The presentation should be vetted within the Epi/NA Committee for review/input/edit at the February 2015 conference call of that committee. <u>The HIV Section Surveillance staff will provide this presentation at the March 2016 Integrated Planning meeting.</u>							
S/A 9. Based on presentation of the jurisdictional epi analyses and discussion/feedback provided at the March 2016 Integrated Meeting of 1) areas and populations hardest hit by HIV/AIDS in Illinois and prioritized for services, and 2) identification of any HIV-related health disparities and inequities, conduct a coordinated discussion with the IDPH HIV Prevention Administrator at the March conference call of this committee to identify relevant recommendations on populations to prioritize for prevention services in the 2017-2021 Integrated HIV Care/Prevention Plan. <u>The HIV Section Prevention Administrator will provide the presentation to the full ILHPG for further input at the April 2016 Integrated Planning Meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents	ILHPG Epi/NA Committee; HIV Section Surveillance Unit	x	x			Completed identification of relevant recommendations of prioritized populations
<b>Objective 6:</b> Update, review and analyze current factors associated with high HIV transmission risk and make recommendations to the HIV Section to help ensure targeting of the highest risk populations.							
S/A 10. By May 2016, provide input on changes to the risk group definitions by collaborating with the HIV and STD Section Surveillance Units and the HIV Section Evaluation Administrator to review recent literature studies and collect, review, and analyze data on social determinant factors that may place populations at a higher risk for contracting HIV. Until March 31, 2016, requests for issues the committee should consider for “vetting” will be solicited from ILHPG voting and non-voting members and community members. All reviews and analyses of these factors should be vetted within the Epi/NA Committee for recommendations by the May 2016 conference call of that committee. <u>The HIV Section Prevention Administrator will provide this presentation at the May 2016 ILHPG meeting.</u>	ILHPG and RW Advisory Group; HIV and STD planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV and STD Section	x	x			Recommendations on social determinant and risk factor for “vetting” submitted, analyses conducted; and presentation completed



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S/A 11. By May 2016, provide input on changes to the risk group definitions by collaborating with the HIV Prevention and Care Units to assess the occurrence of intimate partner violence in prevention client assessments and care recertification assessments conducted in FFY2015. Compiled data will be reviewed to assess the frequency of IPV and to assess whether the occurrence of IPV may place populations at a higher risk for acquiring HIV. All reviews and analyses of these factors should first be vetted within the Epi/NA Committee for recommendations by the May 2016 conference call of that committee. <u>The HIV Section Prevention Administrator will provide this presentation at the May 2016 ILHPG meeting.</u>	ILHPG and RW Advisory Group; HIV and STD planners; care and prevention lead agents; community stakeholders	ILHPG Epi/NA Committee; HIV and STD Section	x	x			Recommendations on social determinant and risk factor for “vetting” submitted, analyses conducted; and presentation completed
S/A12 By May 2016, provide input to the HIV Section Prevention and Evaluation Administrators and assist in finalizing estimates of the sizes of the risk group populations in Illinois and determining the unmet need for prevention services by risk group in the jurisdiction. <u>HIV Section Prevention staff will provide this presentation at the May 2016 ILHPG meeting.</u>	ILHPG and RW Advisory Group; HIV planners; prevention lead agents and providers	ILHPG Epi/NA Committee; HIV Section Prevention and Evaluation Units	x	x			Presentation completed
<b>Objective 7:</b> Review and/or conduct gap analyses processes, as needed, to ensure an evidence-based process is used to determine the highest priority populations and gaps in their prevention, care, and treatment needs.							
S/A13. By June 2016, provide input and assist the HIV Section in the review of state and regional gap analyses activities, as needed, based on updated epidemiologic and service delivery data and considering elements recommended by the Funding Allocation Formula Workgroup. The gap analyses should help to identify populations hardest hit and most at risk for HIV infection, prevention needs, gaps to be addressed, rationale for selection, and strategies to address the gaps. <u>HIV Section staff will present on the gap analyses process and inform the ILHPG of the results at the June 2016 ILHPG Meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents and providers; community stakeholders	ILHPG Epi/NA Committee; HIV Section		x	x		Analyses conducted; presentation completed
<b>Objective 8:</b> Review and assess aggregate client level data to determine if prevention services are resulting in improved health outcomes.							

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S/A14. By October 2016, provide input to the HIV Section in the review and assessment of aggregate client level data from Provide® and eHARS in for indicators of care (CD4 counts, viral loads, STD testing results, linkage to and access to care, behavioral factors by risk group, etc.) to determine if we are achieving the 2020 NHAS goals - PLWHA clients are appropriately linked to HIV care, are retained in care, are on antiretroviral therapy, and have suppressed viral loads, etc. The presentation will be broken down by region, risk group, race/ethnicity, gender, and age group to identify any health disparities. <u>HIV Section staff will provide this presentation as well as an updated “Illinois Cascade of HIV Care” at the December 2016 HPG meeting to determine how the jurisdiction is meeting the NHAS goals.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents and providers; community stakeholders	ILHPG Epi/NA Committee; HIV Section			x	x	Analyses conducted and presentation completed
<b>Objective 9:</b> Demonstrate the relationship between the priority populations and funded interventions and the approved strategies/interventions in the 2017-2021 Integrated HIV Care/Prevention Plan.							
S/A15. Between June and August 2016, provide input and assist the HIV Section in the review, analyses, and assessment of the linkage between the 2016 priority populations and HIV prevention resources and the priorities and strategies set forth in the 2017-2021 Integrated HIV Care/Prevention Plan. <u>The HIV Section Prevention Administrator will provide this presentation at the August 2015 ILHPG meeting.</u>	ILHPG and RW Advisory Group; HIV planners; care and prevention lead agents and providers	ILHPG Epi/NA Committee; HIV Section Prevention Unit		x	x		Presentation completed
<b>Objective 10:</b> Develop, monitor and evaluate the annual engagement planning processes to ensure it is based on accomplishment of CDC HIV planning goals and objectives.							
2014 Key Strategies and Activities	Target Group	Lead Role	Timeline				Evaluation Indicator(s)
			Q1	Q2	Q3	Q4	
S/A16. By November 2016, assist the HIV Section in the identification of key stakeholders to increase engagement in the 2016 ILHPG planning meetings. This list will be compiled at the November 2015 ILHPG Executive Committee strategic planning meeting for 2016.	ILHPG; Community stakeholders	ILHPG Evaluation Committee	x				Stakeholders identified
S/A17. Ongoing, throughout 2016, assist the HIV Section	Key community	ILHPG	x	x	x	x	Stakeholders engaged;

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in engaging local health department HIV and STD staff, local HIV prevention, care/treatment, and support service (e.g., substance abuse, mental health, faith-based, corrections, housing) community-based organizations (CBOs), other Ryan White Parts A-F grantees, Chicago EMA and St. Louis TGA and other CDC-direct funded Prevention grantees, Centers for Minority Health Services grantees, community health centers, sero-positive community leaders, including those in hard to reach areas, in ILHPG and Integrated HIV planning meetings.	stakeholders	Evaluation Committee					completed ILHPG meeting rosters and participant profiles
S/A18. By November 2015, in conjunction with the ILHPG Executive Committee and key IDPH HIV Section staff, develop draft ILHPG objectives for the 2016 HIV Engagement Plan. The draft 2016 HIV Engagement Plan will be presented at the January 2016 ILHPG Meeting.	ILHPG; HIV Section	ILHPG Evaluation and Executive Committees; HIV Section	x				2016 Engagement Plan draft completed
S/A19. By January 2016, disseminate the draft 2016 HIV Engagement Plan to ILHPG members and IDPH Minority Health, HIV, and STD Section prevention, care, and treatment programs for review, comment and additional input. The final 2016 Engagement Plan, incorporating additional input received, will be sent electronically to the ILHPG membership and posted on the ILHPG website by February 29, 2016.	ILHPG members; IDPH HIV and STD Programs	ILHPG Evaluation Committee	x				Final 2016 Engagement Plan disseminated
S/A 20. Ongoing, throughout 2016, assist the HIV Section in monitoring and implementing the Illinois HIV engagement plan.	ILHPG; HIV Section	ILHPG Evaluation Committee; ILHPG Coordinator	x	x	x	x	2016 ILHPG Workplan/Timeline monitored and updated as needed
S/A 21. Ongoing, throughout 2016, assist the HIV Section in monitoring and implementing the set of tangible, realistic actions recommended by this committee upon review of the 2012 and 2013 Focus Group Reports and the 2012 and 2013 Engagement Meetings Reports. The recommended actions, approved by the ILHPG, were to be undertaken by the ILHPG, the HIV Section, and regional partner agencies, beginning in 2015 and continuing in 2016. <u>The Committee Co-chair(s) should provide an update on the accomplishment of these recommendations</u>	ILHPG; HIV Section	ILHPG Evaluation Committee	x	x	x	x	Accomplishment of recommendations monitored and updated presented to ILHPG

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<u>at the February 2016 ILHPG meeting.</u>							
S/A22. Ongoing, throughout, 2015, assist the HIV Section in monitoring and implementing the set of tangible, realistic actions recommended by this committee upon review of the recommendations from the MSM of Color Workgroup Report presented to the ILHPG in March 2015, to address the disparities in incidence and health outcomes among MSM of color in the jurisdiction. The recommended actions, approved by the ILHPG, were to be undertaken by the ILHPG, the HIV Section, and regional partner agencies beginning in 2015 and continuing in 2016. <u>The Committee Co-chair(s) should provide an update on the accomplishment of these recommendations at the February 2016 ILHPG meeting.</u>	ILHPG; HIV Section	ILHPG Evaluation Committee	x	x	x	x	Accomplishment of recommendations monitored and updated presented to ILHPG
S/A23. Ongoing, throughout 2016, distribute a participant profile and meeting feedback/evaluation form at all ILHPG face-to-face meetings, engagement meetings, and webinar/trainings; and assist in compiling the results and provide a summary of results to the ILHPG Executive Committee.	ILHPG Evaluation Committee; ILHPG Executive Committee; ILHPG Coordinator	ILHPG Coordinator	x	x	x	x	Results of ILHPG Participant Profile and meeting evaluations compiled
S/A 24. By December 2015, review results of the ILHPG HIV prevention and care youth survey piloted at the National Coming Out Day UIS event and conducted at the 2015 HIV/STD Conference. Determine if any modifications are needed and provide these recommendations to the ILHPG Coordinator and Community Planning Intern.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x				Survey piloted and modifications to survey tool made
S/A 25. In 2016, work with the ILHPG Community Planning Intern to identify youth-serving providers from a variety of regions that engage youth and encourage and offer youth-serving providers the opportunity to administer the Illinois HIV Planning Group Youth Survey, asking that the completed surveys be returned to the ILHPG Evaluation Committee for compilation and analysis by June 30, 2016.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x			Completed surveys analyzed

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S/A 26. In July 2016, utilizing the data provided from the youth surveys, work with the Membership Committee to discuss the best methods to engage and recruit youth for membership on the ILHPHG.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x	x		Youth engagement and recruitment methods identified
S/A 27. Work with the ILHPG Community Planning Intern to summarize the youth survey responses to date and provide feedback to the ILHPG concerning most common responses and tangible recommendations that were gleaned from these surveys by the September 2016 ILHPG meeting.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x	x		Recommendations gleaned from youth focus groups presented
S/A 28. Assist the Evaluation Administrator, ILHPG Coordinator, and Community Planning Intern with observation and note taking, as needed, and evaluation of any youth focus groups conducted by the ILHPG in 2016 and provide a summary of the results at the December 2016 ILHPG meeting.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x	x	x	x	Evaluation of youth focus groups completed and summary presented
S/A 29. By January 2016, review and update evaluation questions on the ILHPG and Integrated Meetings survey tools to reflect changing meetings from face-to-face to webinars in 2016.	ILHPG Evaluation Committee; ILHPG Coordinator	ILHPG Coordinator	x				Meeting surveys forms updated

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S/A 30. By February 2016, work with the ILHPG Coordinator and the ILHPG Website Administrator to ensure all meeting evaluation and other survey tools (e.g., Participant Profile forms, Member demographic surveys, etc.) are all easily located and retrievable on the ILHPG website.	ILHPG Evaluation Committee; ILHPG Coordinator; ILHPG Website Administrator	ILHPG Coordinator	x				Updated meeting evaluation and survey tools available on ILHPG website
S/A 31. By February 2016, compile an updated contact listing, including names, phone numbers, and email addresses, of faculty heads/advisors for all universities in Illinois with Schools of Public Health.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x				Updated listing completed
S/A 32. By February 2016, compile a listing of sites available in each region that regional members might be able to come together to participate in ILHPG and Integrated Planning Group webinar meetings.	ILHPG Evaluation Committee; ILHPG Coordinator; Community Planning Intern	Community Planning Intern	x				List completed
<b>Objective 11:</b> Ensure ILHPG face-to-face meetings, webinar trainings/meetings, engagement meetings, and committee conference calls/meetings foster the HIV planning process and encourage inclusion and parity.							
S/A 33. Ongoing, throughout 2016, develop ILHPG meeting agendas and arrange for meeting presentations from committees, IDPH subject matter experts, and other sources, to support development and update of the jurisdictional HIV prevention and engagement plans, collaborative HIV planning, & the concurrence process.	ILHPG; key stakeholders	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	Meeting agendas and minutes
S/A 34. Ongoing, throughout 2016, develop ILHPG meeting agendas and arrange for technical assistance opportunities that promote capacity building of members needed to fulfill their HIV prevention planning roles on the ILHPG.	ILHPG	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	ILHPG meeting agendas

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S/A 35. Ongoing, throughout 2016, in collaboration with the committee co-chairs, track attendance at ILHPG meetings, webinar trainings, and committee conference calls, and implement appropriate member follow-up in accordance with the ILHPG bylaws and procedures.	ILHPG	ILHPG Executive Committee; ILHPG Coordinator	x	x	x	x	ILHPG meeting attendance rosters
<b>Objective 12:</b> Ongoing, throughout 2016, in scheduling and determining agendas of all 2016 ILHPG meetings, engage HIV prevention, care, and treatment support service providers so they might share best practices, communicate gaps, and provide guidance on existing referral/linkage agreements and prevention with positives initiatives.							
S/A 36. . Ongoing, throughout 2016, the IDPH ILHPG Co-Chair will establish communications with HIV lead agents for Regional Prevention, Care, Routine Testing and Perinatal and continue to invite them to provide presentations and/or invite regional service providers to do so at ILHPG meetings held in their region. The presentations should include updates on regional engagement meetings and related activities.	HIV prevention and care lead agents and regional community stakeholders	ILHPG Executive Committee; ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists, agendas and presentations
S/A 37. Ongoing, throughout 2016, the IDPH ILHPG Co-Chair will establish communications with regional HIV prevention providers including Regional Prevention, Care, Routine Testing and Perinatal service providers and stakeholders, including Part A, B, C, D, and F planning bodies, HIV care, treatment, and prevention service providers, and community health centers and ensure they are invited to attend the meetings when held in their area.	ILHPG; care and prevention lead agents; community stakeholders	ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists
S/A 38. Ongoing, throughout 2016, the IDPH ILHPG Co-Chair will establish communications with local health department HIV and STD program coordinators, grantees funded directly from the General Revenue Fund, Quality of Life grantees, Centers for Minority Health Services HIV prevention grantees, and African-American AIDS Response Act grantees and ensure that they are invited to attend the meetings that are held in their area.	ILHPG; community stakeholders	ILHPG Coordinator and Co-chair	x	x	x	x	ILHPG meeting invite lists, agendas and presentations
S/A 39. Ongoing, throughout 2016, the IDPH ILHPG Co-Chair will establish communications with local HIV support services (e.g., mental health, substance abuse, housing, faith-based) providers and ensure they are invited	HIV support service providers; Community stakeholders	ILHPG Coordinator	x	x	x	x	ILHPG meeting invite lists and attendance rosters

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to attend the meetings when held in their area.							
S/A 40. Ongoing, throughout 2015, the IDPH ILHPG Co-Chair will provide all meeting participants with meeting information, materials, and minutes from the meetings to keep the stakeholders engaged.	Community stakeholders	ILHPG Coordinator	x	x	x	x	ILHPG meeting materials
S/A 41. Ongoing, throughout 2016, key stakeholders will be provided a schedule of ILHPG meetings throughout the calendar year and information re: the HPG website and stakeholders will be encouraged to attend meetings when possible and keep abreast of materials posted on the website.	Community stakeholders	ILHPG Coordinator; website administrator	x	x	x	x	ILHPG meeting materials posted on ILHPG website
<b>Objective 13:</b> Ongoing, throughout 2016, members of the Executive Committee and other ILHPG members, as needed and available, will participate in meetings of the Interagency AIDS Task Force, the Ryan White Advisory Group, Chicago and St. Louis Planning Councils, identifying opportunities for collaboration/coordination.							
S/A 42. Ongoing, throughout 2016, the ILHPG Co-Chairs shall participate in meetings of the IATF, sharing information and identifying opportunities for collaboration/coordination.	IATF	ILHPG Co-chairs	x	x	x	x	IATF meeting attendance rosters; ILHPG meeting minutes
S/A 43. Ongoing, throughout 2016, the IDPH ILHPG Co-Chair and any members who are consumer reps shall participate in Ryan White Advisory Group meetings, sharing information and identifying opportunities for collaboration/coordination.	RW Advisory Group	ILHPG Coordinator; ILHPG members	x	x	x	x	RW Advisory Group meeting attendance rosters and meeting minutes
S/A 44. Ongoing, throughout 2016, the IDPH ILHPG Co-chair will consult monthly with the HIV Section administrators to determine if there are opportunities for collaboration/coordination with the ILHPG.	HIV Section administrators	ILHPG Coordinator	x	x	x	x	ILHPG Executive Committee minutes
S/A 45. Ongoing, throughout 2016, IDPH liaisons will participate in meetings of the Chicago and St. Louis Planning Councils to determine if there are opportunities for collaboration/coordination with the ILHPG.	Chicago and St. Louis Planning Councils	IDPH designated liaisons	x	x	x	x	ILHPG meeting minutes
<b>Objective 14:</b> Ensure that the HIV prevention planning process supports awareness, education, and advocacy on issues pertaining to HIV anti-stigma and anti-discrimination.							
S/A 46. Ongoing, throughout 2016, in planning ILHPG	ILHPG; AFC	ILHPG Executive	x	x	x	x	ILHPG meeting agendas



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meeting agendas, the Executive Committee will invite the AIDS Foundation of Chicago to provide an annual update on HIV-related policies/legislation, including those that pertain to anti-stigma and anti-discrimination of PLWHA. [Note: Updates on the POP campaign and the Cultural Competency Training outcomes of MSM & TSM of Color which the Training Unit plans to continue offering could also make the group aware of continuing IDPH-supported Anti-Stigma efforts]		Committee						and minutes
<b>Objective 15:</b> Collaborate with the Interagency AIDS Task Force, the Ryan White Advisory Group, the AIDS Foundation of Chicago (AFC), and HIV Section leadership to support HIV related policy initiatives.								
S/A 47. Ongoing, throughout 2016, the IDPH ILHPG Coordinator will coordinate monthly with the HIV/AIDS Section administrators to determine if there are any policy initiatives in which the ILHPG could provide support.	HIV Section administrators; ILHPG	ILHPG Coordinator	x	x	x	x		ILHPG meeting minutes
S/A 48. The Executive Committee will invite policy staff from the AFC to provide an annual update to the group and facilitate a discussion(s) on HIV-related policies and legislation, including updates on the Affordable Care Act (ACA) and Medicaid expansion in Illinois.	ILHPG, AFC	ILHPG Executive Committee	x	x	x	x		ILHPG meeting agendas
<b>Objective 16:</b> Ensure that the HIV prevention planning process facilitates linkage to care.								
S/A 49. Ongoing, throughout 2016, engage HIV prevention, care, treatment, and support service providers in planning agendas for all 2016 ILHPG meetings, and ask that they share best practices, resource lists, and guidance documents, communicate gaps and barriers, and discuss existing referral/linkage agreements and opportunities for collaboration and coordination that facilitates linkage to care.	HIV service providers; ILHPG	ILHPG Executive Committee	x	x	x	x		ILHPG meeting invite lists and agendas
<b>Objective 17:</b> Demonstrate the relationship between the 2017-2021 Integrated HIV Care/Prevention Plan and IDPH's Interim Progress Report/Application for 2017 federal prevention funding.								
S/A 50. Between February and August 2016, work with the IDPH ILHPG Coordinator and HIV Section Prevention Administrator to review and inform the ILHPG	ILHPG	ILHPG Executive Committee; ILHPG	x	x	x			Presentation completed

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of updates needed to the jurisdictional HIV prevention plan, demonstrating to the ILHPG that the programmatic activities and resources identified in IDPH's Interim Progress Report/Application for 2017 federal prevention funding are being allocated to the most disproportionately affected populations and geographical areas that bear the greatest HIV disease burden, as identified in the 2017-2021 Integrated HIV Care/Prevention Plan. Presentations on the 2017-2021 Plan will be provided at multiple meetings throughout 2016, but the HIV Section Prevention Program will administrator a final presentation at the August 2016 ILHPG Meeting, in preparation for the concurrence process.		Coordinator; HIV Section Prevention Unit					
S/A 51. By September 2016, in collaboration with the IDPH ILHPG Co-Chair, submit the 2017-2021 Illinois HIV Care/Prevention Plan to CDC and HRSA.	ILHPG; CDC; HRSA	ILHPG Executive Committee; ILHPG Coordinator	x	x	x		Plan submitted to CDC and HRSA
<b>Objective 18:</b> Ensure the concurrence process is conducted.							
S/A 52. Ongoing throughout 2016, at meetings of the ILHPG, the Co-Chairs will review the Concurrence checklist with membership to ensure that when the concurrence process occurs, members are informed and educated to be able to assess concurrence with development and updates to the Jurisdictional Plan.	ILHPG	ILHPG Co-chairs	x	x	x	x	ILHPG meeting agendas and minutes
S/A 53. By September 2016, under the direction of the ILHPG Co-Chairs, facilitate the annual concurrence discussion and concurrence vote process by the full ILHPG. Upon vote by the ILHPG, the Co-Chairs shall draft, sign, and submit a letter of concurrence, concurrence with reservations, or non-concurrence to CDC.	ILHPG	ILHPG Co-chairs			x		Concurrence process completed and letter to CDC drafted and submitted within deadline
<b>Objective 19:</b> Assist in the development of client and provider surveys to identify HIV prevention, care, and treatment needs.							
S/A 54. By December 2015, review the current Ryan White client satisfaction survey and protocol for dissemination, and provide any input to the HIV Section Direct Services Unit liaison on the ILHPG on the protocol and survey questions to ascertain gaps in prevention services, access to services, referral to care, retentions to	RW clients; HIV Section DSU	ILHPG I&S Committee	x				Client satisfaction survey developed with input from committee

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care services (if applicable), and access to partner services (if applicable).							
S/A 55. By June 2016, after the DSU Administrator presents the results of the combined 2014 and 2015 RW client satisfaction survey to the full ILHPG, review the results and provide any recommendations on issues of concern specific to HIV services that were identified in the results and recommendations on action items to consider incorporating in the 2017-2021 Integrated HIV Care/Prevention Plan. <u>A summary of the survey results and feedback from the I&amp;S Committee will be presented at the August 2016 ILHPG meeting.</u>	ILHPG; HIV Section DSU	ILHPG I&S Committee			x		Recommendations provided to DSU; Client satisfaction survey presentation completed
<b>Objective 20:</b> Provide input and recommendations to the HIV Section about HIV prevention strategies, interventions, and considerations to include in the 2015 jurisdictional plan update.							
S/A 56. By June 2015, with guidance and assistance from the IDPH ILHPG Coordinator, HERR and CTR Coordinators, and Training Unit Administrator, thoroughly review and assess (1) current guidance from CDC on the concepts of High Impact Prevention (HIP), (2) current and any new CDC guidance on prioritization of evidence-based interventions, (3) the current listing of approved prevention strategies and interventions in the jurisdiction, (4) information on current best practices and planning that is being done by funded agencies that are implementing recommended interventions, and (5) cultural behaviors and some beliefs within high risk groups (such as negative shaming, not communicating outside of the family, and practicing sex as a method of repaying a family member or other acquaintance for being nice) that may actually perpetrate stigma and facilitate HIV risk behaviors. Utilizing this assessment as well as service provider survey results, service delivery gap analysis data, and committee/planning group discussion, provide input to the HIV Section on prevention strategies and recommendations for consideration for the 2017-2021 Integrated HIV Care/Prevention Plan. These recommendations should focus on strategies, interventions, and approaches that provide linkage to and support retention in care; reduce stigma and	HIV Section; ILHPG	ILHPG I&S Committee	x	x	x		Updated recommendations presented to ILHPG

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homophobia in the hardest hit areas/populations; and are “scalable”, meaning that interventions or combinations of interventions can reach a significant portion of those in need, in a cost-efficient manner, and demonstrate population-level impact. <u>The I&amp;S Committee Co-chairs and IDPH Prevention Administrator will present draft recommendations and get feedback at the May-July 2016 ILHPG meetings and present final recommendations at the July 2016 ILHPG Meeting.</u>							
S/A 57. Between January and June 2016, with guidance and assistance from the IDPH ILHPG Coordinator, Prevention Administrator, RW Part B Administrator, HERR and CTR Coordinators, and Training Unit, thoroughly review, assess, and provide recommendations on the following biomedical interventions, many of which have overlap with Care and Prevention or may be specific for implementation within a care/clinic setting, for inclusion in the 2017 Prevention Guidance for Interventions and Services: medication adherence; health services navigation, and Partner services. The recommendations should take into consideration client burnout with services and ways to address perceptions of overlaps vs. real overlaps, and should include mapping of functions to outline who provides what service and when. <u>The I&amp;S Committee Co-chairs and IDPH Prevention Administrator will first present draft recommendations and get feedback at the May-July 2016 ILHPG meetings and present final recommendations at the July 2016 ILHPG Meeting.</u>	HIV Section programs; ILHPG	ILHPG I&S Committee	x	x	x		Recommendations on guidance for biomedical interventions provided
S/A 58. Between January and June 2016, with guidance and assistance from the IDPH ILHPG Coordinator, Prevention Administrator, HERR and CTR Coordinators, Evaluation Administrator, and Training Unit, pilot and evaluate the GPS and RRC STD data collection method of evaluating those interventions. Pilot the approach with groups that are more stable with less resistance to identifying positive group members. <u>The I&amp;S Committee Co-chairs and IDPH Prevention Administrator will first present draft recommendations and get feedback at the May-July 2016 ILHPG meetings and present final recommendations at the</u>	HIV Section programs; ILHPG; regional GPS groups	IDPH Prevention and Evaluation Units	x	x	x		Pilot of GPS and RRC/STD data collection evaluation completed

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<u>July 2016 ILHPG Meeting.</u>							
S/A 59. Between January and June 2016, with guidance and assistance from the IDPH ILHPG Coordinator, Prevention Administrator, HERR and CTR Coordinators, and Training Unit, review and use common threads of proven interventions such as Street Smart, Safety Counts, VIBES, 3MV, and MPowerment to create guidance for GPS practices. <u>The I&amp;S Committee Co-chairs and IDPG Prevention Administrator will first present draft recommendations and get feedback at the May-July 2016 ILHPG meetings and present final recommendations at the July 2016 ILHPG Meeting.</u>	HIV Section programs; ILHPG	IDPH Prevention and Evaluation Units	x	x	x		Pilot of GPS and RRC/STD data collection evaluation completed
S/A 60. By June 2016, provide a presentation on High Impact Prevention, its importance in making decisions on prioritizing effective and targeted interventions and strategies, and an overview of the current list, with any planned updates, of approved prevention strategies and interventions in the jurisdiction. The presentation will be provided at the May-June 2016 ILHPG webinar.	Community stakeholders, ILHPG	I & S Committee; ILHPG Coordinator	x	x			Webinar conducted
<b>Objective 21:</b> Ensure ILHPG membership is representative of the diversity of community characteristics, populations most at risk for HIV infection, and includes key professional expertise and representatives from community, governmental and non-governmental agencies.							
S/A 61. By Feb. 2016, in collaboration with the IDPH ILHPG Coordinator, conduct annual survey of current voting and non-voting ILHPG members, collecting data on demographic and risk representation and professional expertise and skills. Use survey responses to maintain an updated spreadsheet of current members. <u>A summary of the results will be presented at the Feb. 2016 ILHPG meeting.</u>	ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x			ILHPG meeting minutes and presentations
S/A 62. By April 2016, in collaboration with the IDPH ILHPG Coordinator, prepare an analysis of current ILHPG membership by gender, race/ethnicity, region, and transmission risk representation, including a comparison to the current HIV epidemic in the jurisdiction, for use in identifying gaps in membership, targeting 2016 new member recruitment, and prioritizing new member selection. <u>The analysis and recruitment needs will be</u>	ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x			ILHPG meeting presentations

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presented to the full ILHPG at the April 2016 meeting.							
<b>Objective 22:</b> Plan and implement an open recruitment and selection process (outreach, applications, and selection) for new membership.							
S/A 63. By May 2016, work in conjunction with the IDPH ILHPG Coordinator to review and revise the scoring matrix used to score applications and interviews for new membership for 2017, ensuring the criteria are in alignment with current HIV prevention planning group needs.	Potential new members to the ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x			Scoring matrix updated
S/A 64. After the gap analysis of existing membership and recruitment needs for 2017 are presented to the ILHPG at the May 2016 meeting, work in conjunction with the IDPH ILHPG Coordinator to formally announce the opening of recruitment for new membership and to inform and solicit applications from individuals meeting our membership gaps. All applications are to be submitted to the ILHPG Coordinator by September 15, 2016.	Potential new members to the ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x	x		Open recruitment announced; ILHPG meeting minutes
S/A 65. Work in conjunction with the ILHPG Coordinator to coordinate the development and training of interview teams to conduct phone interviews in October 2016 of applicants for new membership. <u>The Membership Committee Co-chairs will present a listing of the Interview Teams' recommendations for new membership to the full ILHPG for vote at the October 2016 meeting.</u>	Interview teams	ILHPG Membership Committee; ILHPG Coordinator	x	x	x		Recommendations presented to ILHPG; ILHPG meeting minutes
S/A 66. Coordinate the development and staffing of an ILHPG exhibit at the 2016 IDPH HIV/STD Conference.	ILHPG, HIV Section	ILHPG Membership Committee				x	ILHPG exhibit successfully completed
<b>Objective 23:</b> Develop, update and implement new member orientation.							
S/A 67. By December 2016, in conjunction with the IDPH ILHPG Co-Chair, as available, plan, organize, and conduct an orientation for new ILHPG membership.	New ILHPG members	ILHPG Membership Committee; ILHPG Coordinator				x	New member orientation attendance roster and manual
<b>Objective 24:</b> Support training and technical assistance of ILHPG membership.							

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S/A 68. By February 2016, in collaboration with the Evaluation Committee, review compiled 2015 meeting survey results to determine member TA needs that would facilitate the HIV planning process. If needed, conduct a separate survey to solicit TA needs. <u>Provide a report on the results of TA needs identified by members at the February 2016 ILHPG meeting.</u>	ILHPG Evaluation Committee; ILHPG	ILHPG Membership Committee	x				Report on Member TA needs presented to ILHPG
S/A 69. By January 2016, collaborate with the ILHPG Parliamentarian to develop training on “Robert’s Rules of Order at ILHPG Meetings”. <u>This training will be presented at the January 2016 ILHPG meeting. Voting members and non-voting liaisons are strongly encouraged to complete the training that will count toward attendance requirements of voting members.</u> The training materials will be available to everyone on the <a href="http://www.ilhpg.org">www.ilhpg.org</a> website.	ILHPG	ILHPG Membership Committee; ILHPG Parliamentarian	x				Training conducted
S/A 70. By January 2016, collaborate with the IDPH ILHPG Coordinator to develop training on the ILHPG Conflict of Interest Policy to inform and educate all current and new members on the policy. <u>This training will be presented at the January 2016 ILHPG meeting. Voting members and non-voting liaisons are strongly encouraged to complete the training that will count toward attendance requirements of voting members.</u> The training materials will be available to everyone on the <a href="http://www.ilhpg.org">www.ilhpg.org</a> website.	ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x				ILHPG meeting attendance log and training log
S/A 71. By February 2016, ensure all current and new members have completed and signed 2016 Disclosure of Interest/Code of Ethics statements on file.	ILHPG membership	ILHPG Membership Committee; ILHPG Coordinator	x				Signed disclosure statements collected
<b>Objective 25:</b> Coordinate the update and development of applicable ILHPG procedures and bylaws.							
S/A 72. In collaboration with the ILHPG Coordinator, review and update the Public Comment/Community Input procedure and form to reflect changing ILHPG and Integrated meetings in 2016 from a face-to-face to webinar format. Ensure an electronic version of the form is located and easily retrievable from the ILHPG website by January	Community stakeholders; ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x			Forms and procedure updated

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15, 2016.							
S/A 73. In collaboration with the ILHPG Coordinator, review and update the ILHPG Bylaws and Procedures to reflect changing ILHPG and Integrated meetings in 2016 from face-to-face to webinar format, including all applicable changes in related policies, including but not limited to "Remote Participation" and "Membership Requirements". Thoroughly vet recommended changes with the membership and Executive Committees before presenting to the ILHPG at the May 2016 meeting.	ILHPG Executive Committee; ILHPG	ILHPG Membership Committee; ILHPG Coordinator	x	x			ILHPG meeting minutes and updated Bylaws, Policies, and Procedures
<b>Objective 26:</b> Maintain updated ILHPG documents, webinars, and trainings on ILHPG website.							
S/A 74. Ongoing, throughout 2016, collaborate with the IDPH ILHPG Coordinator to and website administrator to obtain and post the annual ILHPG meeting schedule and all meeting notices and agendas of the full ILHPG on the ILHPG website prior to the meetings.	ILHPG Membership Committee; ILHPG	ILHPG Coordinator and website administrator	x	x	x	x	ILHPG Meeting notices, and agendas posted on ILHPG website
S/A 75. Ongoing, throughout 2016, collaborate with the IDPH ILHPG Coordinator and website administrator to obtain ILHPG meeting/training materials, minutes, updated bylaws/policies, blank membership application, and HIV Planning documents for posting on the ILHPG website.	ILHPG Membership Committee; ILHPG	ILHPG Coordinator and website administrator	x	x	x	x	ILHPG meeting minutes and documents posted on ILHPG website
<b>Objective 27:</b> Assess the current ILHPG website and updates needed to comply with the July 2012 CDC HPG Guidance. And Department Directives							
S/A 76. By January 2016, work with the ILHPG website administrator to provide instruction to any new ILHPG members on use of ILHPG website and on access/use of ILHPG email accounts.	ILHPG website administrator	ILHPG Membership Committee and ILHPG Coordinator	x				Instruction provided to members on use of ILHPG website
<b>Objective 28:</b> Assess how usage of the ILHPG website could be enhanced to inform, educate, and link users to information about HIV prevention, care, and treatment resources and issues.							
S/A 77. By April 2016, develop, and by May 2016, conduct a survey to solicit from membership and provide recommendations to the ILHPG Website administrator on how the current ILHPG website, webinar/meetings, and	Community stakeholders; ILHPG website administrator;	ILHPG Membership Committee	x	x			Recommendations solicited and presented



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other social networking methodologies it uses could be used to 1) engage and retain key community stakeholders in HIV planning, and 2) inform and link users to HIV prevention, care, and treatment services, including links to the regional care and prevention lead agents and agency websites, HIV Care Connect, PrEP 4 Illinois, the Illinois Perinatal HIV Hotline, and the HIV/AIDS/STD Hotline searchable database. All recommendations and usage of the ILHPG website and social networking methodologies must abide by the ILHPG's procedure regarding the use of social media. A report on the results from the survey will be provided by the ILHPG Membership Committee to the ILHPG in the May 2016 meeting materials.	ILHPG						
<b>Objective 30:</b> Reduce recidivism through providing community expos of services to support parolees and probationers with both supply and encourage those re-entering back into society with the tools they need to become crime free responsible members of society.							
S/A 70. Work with the Illinois Department of Corrections and other state and local community agencies to provide HIV testing and care/treatment referral, Hep C educational materials and testing and care/treatment referral, mandatory drug screening, and other health services (blood pressure and flu shots) as well as referrals for services such as dental care, housing, mental health counseling, vocational training, mock interviews for return to work, job placement and many other social services. Through these efforts, the goal is to reach 5,000 parolees and probationers and provide testing for HIV and Hepatitis C to 2000 parolees and probationers. Create a partnership with Illinois Department of Juvenile Justice to create re-entry project focus on Juvenile offenders.	Parolees and probationers	IDPH, Illinois Department of Corrections (IDOC)	x	x	x	x	Attendance logs and testing records
<b>Objective 31:</b> Engage service providers in HIV care, prevention, and treatment grant programs.							
S/A 71. Host a minimum of two grant seekers conference calls for potential Quality of Life (QOL) grant applicants seeking funding with IDPH's HIV/AIDS Section. During the teleconference, the HIV program staff will review the overall background and purpose of the Request for Proposal (RFP), agency eligibility criteria, provider responsibilities, equipment requirements, High-Impact Prevention (HIP)	Community stakeholders	IDPH	x				Attendance logs for the Successful completion of grant seekers conference calls

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Intervention strategies, performance standards for all intervention, prioritized risk groups and definitions, training for staff competency to administer the grant, and provides guidance on the successful submission, scoring, and evaluation of proposals. The conference calls also provide an opportunity for applicants to ask questions about the grants prior to entering the application process.							
<b>Objective 32:</b> Maintain the State of Illinois HIV/STD Hotline.							
S/A 72. Maintain the State of Illinois AIDS/HIV& STD Hotline. The hotline is facilitated by trained professionals who have undergone comprehensive instructional training. Callers receive the most up-to-date, medically-accurate information on HIV and sexually transmitted diseases (STDs), state-wide referrals for health care (free or low cost or anonymous HIV testing and linkage to care), and social services related to HIV/AIDS and STDs.	Community members and stakeholders	IDPH, Center on Halsted	x	x	x	x	Quarterly reports
<b>Objective 33:</b> Evaluate the implementation of the medical provider campaign “Protecting our Patients” targeting medical providers to decrease HIV stigma, homophobia, and transphobia specifically with health care providers serving minority populations, mainly African American and Latino MSM and transgender persons.							
S/A 73. Continue activities for the proposed HIV Anti-stigma, homophobia, and transphobia medical provider campaign known as the “Protecting our Patient Campaign” (POP) targeting health care providers to reduce HIV stigma. Materials, logos, brochure designs, waiting room videos, storeography’s were market tested prior to implementation of the campaign. They have been included as part of the training curriculum that includes a larger portfolio of resources to be made available by the POP campaign targeting medical and health care providers. The focus of activities this year will be evaluation of the campaign. Updates on the POP campaign will be provided to make the group aware of continuing IDPH-supported Anti-Stigma efforts.	Medical and health care providers	IDPH, Public Health Institute of Metropolitan Chicago (PHIMC); Midwest AIDS Training and Education Center (MATEC)	x	x	x		Successful evaluation of the Protecting our Patients or POP anti-stigma, homophobia and transphobia campaign
<b>Objective 34:</b> To support, through the Category B Prevention grant to Illinois Public Health Association (IPHA), a minimum of 13 Local Health Departments (LHD) and ten health care providers (HCP) to implement three specific outcome goals for successful billing and reimbursement of HIV Routine testing from 3 <sup>rd</sup> Party payer sources including Medicaid/Medicare, Medicaid Managed Care Organizations, and private insurance companies.							

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S/A 74. Support a minimum of three LHD and three HCPs that currently bill Medicaid/Medicare and private insurance for other health services to initiate billing specifically for Routine HIV testing by 12/31/2016.	Targeted Local Health Departments (LHDs) and Routine Testing Health Care Providers, other testing sites	IPHA, Public Health Institute of Metropolitan Chicago (PHIMC), and CDP, a medical revenue cycle generating billing system	x	x	x	x	Minimum sites are successfully billing Medicaid/Medicare/ and or private insurance for HIV routine testing.
S/A 75. Certify and credential Medicaid Billing for a minimum of three LHD and three HCP not currently certified or credentialed to enroll and become certified through Medicaid to bill for HIV routine testing.	Targeted LHDs and Routine Testing Health Care Providers, other testing sites	IPHA PHIMC, and CDP	x	x	x	x	Sites are generating revenue from the implementation of the EMR's.
S/A 76. Assist a minimum of five LHDs and five HCPs to implement electronic medical records that currently lack such systems or to integrate a system compatible to allow for 3 <sup>rd</sup> party billing and reimbursement.	Targeted LHDs and Routine Testing Health Care Providers, other testing sites	IPHA PHIMC, and CDP	x	x	x	x	Sites are knowledgeable on billing and coding that will assure a successful 3 <sup>rd</sup> party reimbursement for HIV routine screening and testing.
S/A 77. Provide fee-for-service reimbursement for each site above the minimum requirement of the grant that implements one of the 1-3 project goals with additional sites.	Targeted LHDs and Routine Testing Health Care Providers, other testing sites	IPHA PHIMC, and CDP	x	x	x	x	See above
<b>Objective 35:</b> Ensure that HIV providers are culturally competent to provide HIV care and prevention services.							
S/A 78. Provide Cultural Competency training to enhance provider skills to work effectively with Black and Latino MSM and Transgender persons who have Sex with Men (BLMTSM). The curriculum was drafted, piloted with experienced providers, revised based upon pilot participant feedback and evaluation findings and subsequently implemented in 2013-2015. The IDPH training unit has acquired the curriculum and has refined the training for internal HIV/AIDS section staff, stakeholder groups and	Community stakeholders; IDPH HIV/AIDS staff	IDPH HIV Training Unit		x	x		Attendance logs and successful completion of training; evaluation reports

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organizations, and HIV care and prevention providers interested in learning more about cultural competency working with these specific populations. Updates on evaluation of the Cultural Competency Training on MSM & TSM of Color will be provided.							
<b>Objective 36:</b> Promote routine, first and third trimester HIV screening for all pregnant women, according to current CDC recommendations.							
S/A 79. By December 31, 2016, work with IDPH Governmental Affairs on revising the language of the Perinatal Prevention Act (410 ILCS 335/) to state that health care providers in Illinois are to test women in the third trimester of pregnancy.	Hospitals and medical providers caring for pregnant women	IDPH	x	x	x	x	Revisions in Perinatal HIV Prevention Act
<b>Objective 37:</b> Ensure that HIV positive pregnant women receive the necessary interventions and treatment for the prevention of perinatal transmission.							
S/A 80. Ongoing, throughout 2016, monitor hospitals to ensure women with undocumented HIV status are tested prior to delivery.	Hospitals and medical providers caring for pregnant women	IDPH, Pediatric AIDS Chicago Prevention Initiative (PACPI)	x	x	x	x	Monthly hospital reports
S/A 81. Ongoing, throughout 2016, monitor both preliminary and confirmed HIV testing reports.	Hospitals and medical providers caring for pregnant women	IDPH, Pediatric AIDS Chicago Prevention Initiative (PACPI)	x	x	x	x	Monthly hospital reports
S/A 82. Ongoing, throughout 2016, provide up-to-date treatment recommendations for HIV positive pregnant women and their HIV exposed infants through the 24/7 Illinois Perinatal HIV Hotline.	Hospitals and medical providers caring for pregnant women	IDPH, PACPI, 24/7 Illinois Perinatal HIV Hotline	x	x	x	x	Treatment recommendations posted on websites (PACPI and Hotline)
S/A 83. Ongoing, throughout 2016, link all newly diagnosed HIV positive women and their infants to an ongoing network of specialty care during and after pregnancy, including enhanced case management services.	Hospitals and medical providers caring for pregnant women	PACPI, 24/7 Illinois Perinatal HIV Hotline	x	x	x	x	Quarterly reports; Pediatric HIV Exposure Reporting Surveillance (PHERS) data, formerly Enhanced Perinatal Surveillance (EPS)
S/A 84. By December 31, 2016, conduct 3 trainings for Ryan White and Healthy Start case managers throughout	Ryan White and Healthy Start case	IDPH; MATEC, IDHS, PACPI	x	x	x	x	Case manager attendance and evaluations

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the state that will outline basic perinatal HIV case management, specifically, how to effectively serve pregnant women living with HIV and link them to care.	managers						
<b>Objective 38:</b> Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV and syphilis prevention opportunities by utilizing the Fetal Infant Mortality Review –HIV (FIMR-HIV) Prevention Methodology.							
S/A 85. Ongoing, throughout 2016, conduct quarterly Case Review Team (CRT) meetings, which will also include a maternal interview, when available. One CRT meeting will be held outside of Chicago in the East St. Louis, IL area.	Maternal child health (MCH) professionals	IDPH	x	x	x	x	Formulation of recommendations based upon case reviews
S/A 86. Ongoing, throughout 2016, include congenital syphilis cases to be reviewed at the CRT meetings.	Maternal child health (MCH) professionals	IDPH	x	x	x	x	Formulation of recommendations based upon case reviews
<b>Objective 39:</b> Foster “Cross Part” (Ryan White) communication, collaboration, and service delivery to ensure reduction in service delivery duplication, maximization of resources/talents within each Ryan White Part; and ensure coordination of efforts for those individuals that receive Cross Part supportive services.							
S/A 87. IDPH HIV/AIDS Section and Ryan White Part B identified staff will work to identify key members from all Ryan White Parts (A, B, C, D, and F) to participate in a working group that will meet with some frequency (i.e., quarterly) to enhance cross Parts’ collaboration, communication, and integration where identified by the working group.	Ryan White All Parts (A, B, C, D, F) across Illinois	IDPH, Other identified Ryan White Part Program Staff	x	x	x	x	Attendance logs, minutes from meetings, and outcome reports of agreed upon quality improvement activities.
S/A 88. Identify a common goal, possibly a quality improvement activity/task that is agreed upon by the Cross Parts working group to build linkages and maximization of resource utilization	Ryan White All Parts (A, B, C, D, F) across Illinois	IDPH, Other identified Ryan White Part Program Staff	x	x	x	x	Attendance logs, minutes from meetings, and outcome reports of agreed upon quality improvement activities.
<b>Objective 40:</b> Develop curricula and educate and train prescribers, case managers, and counselors about PrEP and nPEP needs, attitudes, awareness, and access.							
S/A 89. In 2016, conduct three PrEP trainings for case managers, prevention CBOs, and clinicians, one each in northern, central, and southern Illinois. The IDPH HIV Training Unit will collaborate with MATEC to provide the education.	Clinicians, health care facilities, prevention CBOs, case managers	IDPH Training Unit, MATEC			x	x	Attendance logs, training surveys
S/A 90. In 2016, launch and maintain the PrEP4Illinois	Consumers,	IDPH Training,	x	x	x	x	Website launched;

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website, informing consumers about PrEP, who would benefit from PrEP, how PrEP prevents HIV infection, the importance of PrEP adherence, a listing of PrEP providers in Illinois, and links to apply for the PrEP patient assistance program through Gilead®.	clinical providers	Care, and Prevention Units					Educational, informational materials and links posted on website
<b>Objective 41:</b> Solicit input from HIV advocates and consumers to guide update of Illinois' Supportive Housing Plan.							
S/A 91. By June 2016, solicit input from HIV community stakeholders, advocates and consumers to expand populations covered and to identify unmet needs and goals for supportive housing to include in the update of the Illinois Supportive Housing Plan. This will be accomplished by disseminating the draft report for review and providing notice on six upcoming meetings and opportunities for interested parties to provide input to the Supportive Housing Working Group. Meetings will be held from 1PM - 2:30PM at IHDA offices (401 N Michigan Ave, Suite 700, Chicago, Illinois 60611). They will also have conference call-in and videoconferencing capabilities available from Springfield, via the Illinois Department of Human Services.	HIV community stakeholders, advocates and consumers	HIV Section Housing Coordinator	x	x			Meeting minutes and rosters; Completed Supportive Housing Plan Update
<b>Objective 42:</b> Engage and solicit participation of HIV service providers and the HIV community in recruitments efforts for the Medical Monitoring Project (MMP).							
S/A 92. Throughout the MMP data collection cycle, engage and solicit participation of HIV service providers and the HIV community across the state to assist with locating and recruiting sampled individuals who are identified through the Surveillance-Based Services (SBS) program as having received HIV case management. All requests for patient contact by HIV case managers or peer navigators and disposition status of those contacts will be documented in the patient Contact Attempt Tracking (CAT) database.	HIV community stakeholders, advocates and consumers	IDPH Medical Monitoring Project Coordinator	x	x	x	x	Patient Contact Attempt Tracking (CAT) database